

U.S. PTO
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Divisional Application Transmittal Form

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	TAM-047-043		Total Pages	
		First named Inventor or Application Identifier			Takashi MORIYOSHI	
		Title of Invention		3-CEPHEM DERIVATIVE CRYSTAL		
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ADDRESS TO: Commissioner for Patents Box Patent Application Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>32</u>] - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Formal Drawings (35 USC 113) [Total Sheets <u>1</u>] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages <u>3</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input checked="" type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (When there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) /PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations (2 docs) 12. <input type="checkbox"/> Preliminary Amendment [with Version with Markings to Show Changes Made] 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Assertion to Entitlement to Small Entity Status <input type="checkbox"/> Assertion filed in prior application, status still proper and desired 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Priority of application Nos. 278,535/1999 and 279,080/1999 filed on September 30, 1999, in Japan is claimed under 35 USC 119. <input checked="" type="checkbox"/> The certified copy has been filed in PCT/JP00/06693 16. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Copy of Notice of Recordation of Assignment Document <input type="checkbox"/> Request for Change of Corresponding Address			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in part (CIP) of prior application No.: <u>10/089,194</u>						
18. CORRESPONDENCE ADDRESS						
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>020374</u> or <input type="checkbox"/> Correspondence address below						
NAME	KUBOVCIK & KUBOVCIK					
ADDRESS	900 17th Street, N.W.					
CITY	Washington	STATE	DC	ZIP CODE	20006	
FILING DATE	October 7, 2003	TEL	202-887-9023	FAX	202-887-9093	

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FEE TRANSMITTAL

Note: Effective January 1, 2003

Application Number	Not Assigned
Filing Date	October 7, 2003
First Named Inventor	Takashi MORIYOSHI
Group Art Unit	Not Assigned
Examiner Name	Not Assigned
Attorney Docket Number	TAM-047-043

CLAIMS AS FILED-PART 1			SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	Fee	RATE	Fee
BASIC FEE (37 CFR 1.16 (a))				\$385.00		\$770.00
TOTAL CLAIMS (37 CFR 1.16 (c))	3 - 20 =		\$9.00		\$18.00	\$0.00
INDEPENDENT CLAIMS (37 CFR 1.16 (B))	1 - 3 =		\$43.00		\$86.00	\$0.00
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16 (d))			\$145.00		\$290.00	
			SUB TOTAL		SUB TOTAL	\$770.00
SURCHARGE-LATE FILING FEE OR DECLARATION			\$65.00		\$130.00	
RECORDING ASSIGNMENT			\$40.00		\$40.00	
TOTAL				\$0.00		\$770.00

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<input checked="" type="checkbox"/> Check (# <u>5672</u> for \$ <u>770.00</u>)
<input type="checkbox"/> Money Order
<input type="checkbox"/> Other |
| DEPOSIT ACCOUNT No. | 111833 | |
| DEPOSIT ACCOUNT NAME | KUBOVCIK & KUBOVCIK | |

SIGNATURE OF ATTORNEY, OR AGENT

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